



Continuing Education for  
New Jersey Licensed  
Health Officials

Continuing Education Course Application

New Jersey Department of Health  
and Senior Services

You may contact the Office of Local Health by telephone at (609) 292-4993 or telefax at (609) 292-4997, Monday through Friday from 9 am to 5 pm for any questions regarding this matter. Please access the website at <http://www.state.nj.us/health/lh/olh.htm> in order to acquire additional application forms, a copy of the continuing education regulation, a list of other approved courses, and related materials and information. If application is handwritten, please print clearly.

**I. APPLICANT INFORMATION**

(1) Check one: <input type="checkbox"/> New Application <input type="checkbox"/> Re-Application If re-application of a previously approved course, provide the original approval number and provide only new date, place, etc. and required signature. Original Course Number: _____		
(2) Sponsoring Organization:		
(3) Address:		
(4) Municipality:	(5) State	(6) Zip Code
(7) Organization Representative:		
(8) Telephone Number:	(9) Fax Number:	
(10) Registrar Name/Telephone Number:		
(11) Proctor Name/Telephone Number:		

**II. COURSE INFORMATION**

(12) Check one only: <input type="checkbox"/> CE Course <input type="checkbox"/> LE Course <input type="checkbox"/> Combination CE/LE (See Instructions for criteria to determine type of course)
(13) Course Title:
(14) Description of Course and Take-Home Materials:
(15) Is this a recertification course? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, see guidelines for further information)
(16) List learning Objectives and Competencies to be acquired (Refer to "Public Health Workforce: An Agenda for the 21 <sup>st</sup> Century, Appendix E," on the Office of Local Health website).  1. 2. 3. 4.
(17) Type Course: <input type="checkbox"/> Teleconference <input type="checkbox"/> Videotape <input type="checkbox"/> Classroom or Conference/Meeting



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